

Safeguarding Children and Adults at Risk Policy

Introduction

Hill Counselling Service (HCS) believes that every vulnerable individual has the right to feel safe, HCS acknowledges that 'Safeguarding is everyone's responsibility.' And takes seriously the safeguarding of children, young people and adults at risk (previously known as 'vulnerable adults') who access the service. This could be through counselling, wellbeing activities, workshops, training and/or group work. The HCS complies with the government statutory guidance 'Working together to safeguard children' (2015) and The Care Act (2014) and with the guidance for ethical practice as defined by the British Association for Counselling and Psychotherapy.

The purpose of this policy is to outline what safeguarding is and those working with and for HCS can appropriately raise their concerns of significant risk of harm to a client or service user, be it a child, or adult at risk and to action any concerns to the risk of harm to others.

Definition of Safeguarding

Safeguarding of children is a term broader than that of 'Child Protection' and is defined (as a child up to the age of their 18th birthday) in the document 'Working together to safeguard children' (2015) as:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best outcomes

HCS always act and make decisions in the best interests of the child and ensure they take all the reasonable steps to protect and prevent them from harm.

Safeguarding of adults at risk can be defined in the Care Act's amended statutory guidance which came into force in April 2015, this is an individual over the age of 18 and who:

- Has needs for care and support, including disability (whether or not the local authority is meeting any of those needs) and:
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

HCS understands the needs of adults at risk and acknowledges that any individual over the age of 18 seeking counselling could potentially be classed as vulnerable and will take appropriate actions to raise concerns of harm to individuals using the service or to significant risk of harm to others in accordance with company policy in line with statutory legislation and that outlined by the British Association of Counselling and Psychotherapy.

Definition of Abuse

Abuse can be defined as a person deliberately intending to harm or neglect or failing to take the right action to prevent abuse of another. It can involve one or a number of people.

There are different types of abuse, these include:

- sexual abuse
- psychological or emotional abuse
- physical abuse
- financial or material abuse
- neglect
- self-neglect
- modern slavery
- domestic violence
- discriminatory abuse
- institutional abuse

Definitions and indicators of these categories of abuse are listed below:

Physical abuse

Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
 - • Forcible feeding or withholding food
 - • Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls

- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Domestic violence or abuse

Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

Possible indicators of domestic violence or abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Sexual abuse

Types of sexual abuse

- Rape, attempted rape or sexual assault

- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Psychological or emotional abuse

Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

Possible indicators of psychological or emotional abuse

- An air of silence when a particular person is present

- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse

Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Possible indicators of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service

- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Modern slavery

Types of modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Possible indicators of modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Further Home Office information on identifying and reporting modern slavery

Discriminatory abuse

Types of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated

- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or institutional abuse

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Possible indicators of organisational or institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Neglect and acts of omission

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes

- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Possible indicators of neglect and acts of omission

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Self-neglect

Types of self-neglect

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Indicators of self-neglect

- Very poor personal hygiene
- unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Abuse can happen anywhere, to anyone of any age, and can occur by a single or repeated acts. An abuser can be anyone that comes into contact with a vulnerable person. Abuse often results in a violation of human and civil rights.

HCS will be alert to abuse be it through statements from clients or other organisations. HCS must follow the correct and appropriate procedures to action any allegations or suspicions of abuse following statutory and BACP ethical guidance and within the best interests of the individual(s) involved.

Reporting Abuse

HCS will report abuse in line with company policy dependent on the age of the client, these are outlined in further detail in our Child Protection Reporting Concerns Procedure and Adults at Risk Reporting Concerns Procedure.

Any records of abuse and referrals will be kept confidentially and in line with company policy and the Data Protection Act (1998). Records regarding safeguarding concerns will *only* be shared on a 'need to know' basis to an appropriate professional and within the best interests of the client.

Counsellors Professional Responsibilities

HCS will complete safeguarding training at a minimum of every two years in order to ensure a sound understanding of safeguarding protocols/issues enabling them to recognise indicators of potential abuse, neglect and other indicators of harm.

HCS counsellor (Sarah Hill) holds an enhanced DBS check, is a registered member of the British Association of Counselling and Psychotherapy and abides by the BACP Ethical Framework (2018)

Adults at Risk Reporting Concerns Procedure

An 'adult at risk' is defined as an individual over the age of 18 and who:

- Has needs for care and support, including disability (whether or not the local authority is meeting any of those needs) and:
 - is experiencing, or at risk of, abuse or neglect and
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

HCS understands the needs of adults at risk and acknowledges that any individual over the age of 18 seeking counselling could potentially be classed as vulnerable.

If we suspect an adult at risk is being significantly or seriously harmed, or they disclose significant or serious harm of others then we will need to take action.

HCS will:

- Treat the disclosure or allegation seriously
- Remind the client of the confidentiality boundaries set out in the initial counselling contract and that this information will need to be reported to another HCS member of staff, supervisor or referred to an external agency depending on the seriousness

of the disclosure. Reassure the client this is to protect them or others from signification risk of harm.

- Use the HCS safeguarding disclosure form to record relevant details, including dates, times, settings and people present. Keep factual, use the client's own words and do not use any leading questions when speaking with the client. HCS will aim to get direct consent from the client for the referral, but outline and understand that inability to inform clients or gain consent should not prevent a referral being made.
- If necessary, complete a risk assessment for the client's mental health concerns.
- Report the allegation or disclosure at the earliest opportunity.
- If immediate action needs to be taken to safeguard the adult at risk, the relevant emergency service or Social Services will be contacted.

Adults at Risk and Mental Capacity

Mental capacity is the ability to make our own decisions. When you make a decision you need to be able to:

- Understand all the information you need to making that decision
- Use or think about that information
- Remember that information and be able to communicate your decision to someone else

Communicating your decision can be through non-verbal and appropriate means, e.g drawing or writing.

You may lose mental capacity because of mental illness, brain injury, severe learning disability, and dementia or if you have used alcohol or drugs.

The Mental Capacity Act (2005) is designed to protect and empower individuals who may lack mental capacity to make their own decision about their care and treatment.

The Mental Capacity Act is based on five key principles, and should be followed if someone is making a decision for you:

1. You must be treated as if you have capacity unless it is proven you do not.
2. You must be supported to make your own decisions before medical professionals decide you do not have capacity. This could be explaining the information in a different way which you can communicate and respond in.
3. You have a right to make decisions others may think are unwise as long as you have mental capacity
4. Anything done for you if you do not have capacity must be in your best interests
5. Anything done for you if you lack capacity must be the least restrictive option available.

If HCS is unsure whether a client is able to make an informed decision or has mental capacity then we will refer to the Mental Capacity Act (2005) and furthermore refer to the client's GP or Social Worker.

Children (U18) at Risk Reporting Concerns Procedure

A child is defined as an individual under the age of 18 years old. HCS recognises the welfare of the child/young person is paramount and will outline the limits of confidentiality at the beginning of any therapy, group or individual counselling. HCS will always work with the best interests of the child at the forefront of any decision making or referral. HCS may also need to report safeguarding concerns regarding a child who is not part of the service, this could be through a disclosure highlighting immediate or potential harm to others or historical abuse of others. If HCS is concerned about the immediate health and safety of the child, then they will call the emergency services at the first instance. If the child has caused harm to themselves and requires immediate medical attention then we will also need to inform the next of kin or a parent/guardian who is on file. Only in the scenario where informing the next of kin or parent/guardian on file will cause an immediate or significant safeguarding risk then you will need to inform Social Services instead as per procedure outlined below.

HCS has a duty of care to report any suspicion or disclosure of abuse or immediate risk of harm to a child or other identifiable children. In these situations, HCS will:

- Suspend the counselling session and focus on the disclosure
- Treat the disclosure or allegation seriously
- Listen carefully to the child and not directly question the child
- Sensitively remind the child of the confidentiality boundaries set out in the initial counselling contract and that this information will need to be passed on to another person. Reassure the child this is to protect them or others from a significant risk of harm. Explain that HCS cannot promise not to speak to others about the information they have shared.
- Use the HCS safeguarding disclosure form to record relevant details, including dates, times, settings and people present. Including any details of other siblings or children who may be potentially at risk of harm. Keep factual, use the child's own words and will not use any leading questions when speaking with the child/young person. It is best practice to get the consent of the child before the referral is made, but this may not always be possible, this should not prevent a referral being made.
- Reassure the child that you are glad they have told you, they have not done anything wrong and explain what you are going to do next.
- If necessary, complete a risk assessment for the client's mental health concerns.
- We will report any concerns or disclosures regarding significant risk of harm to the child or other children/young people to the Social Services of the address the child resides, and/or the Police depending on the nature of the disclosure.
- We may also need to speak with a professional supervisor for guidance, this will be done appropriately and if there is sufficient time in regards to the immediacy and seriousness of the disclosure.

In some situation where Social Services are involved HCS will follow their recommendations on whether the parents/guardians should be told, when and by whom.